

**APPLICATION TO
ACT AS AN INSURER
IN THE STATE OF LOUISIANA**



**James H. "Jim" Brown
Commissioner of Insurance**



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.wldi.ldi.state.la.us>

INSTRUCTIONS FOR APPLICATION TO ACT AS AN INSURER IN THE STATE OF LOUISIANA

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (504) 342-1216
Fax: (504) 342-3078
E-Mail Address: mikeb@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) Submit one original and two photocopies of the **complete** application package.
- 2) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.

- 4) Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 5) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 6) All certified documents required in the application must be dated within ninety (90) days of submittal of the application and all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application. .
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 9) We must be notified of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and financial statements and examination reports which become available after submission. Failure to notify us of such changes may result in disapproval of the application.
- 10) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- 11) All of the pages from the enclosed Insurer Application must be returned with the submittal. The forms may be reproduced as needed.
- 12) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

SPECIAL INSTRUCTIONS REGARDING INVESTIGATIVE REPORTS

In association with this application, the Louisiana Department of Insurance requires that all applicants make arrangement for investigative reports for all persons for whom biographical affidavits are supplied. This will include all officers, all directors, all individuals who own ten percent or more of the applicant and all other persons responsible for the conduct of affairs of the applicant.

The investigative report must be prepared by one of the investigators approved by this Department. A list of those investigators with the address, phone number and contact person is attached. The applicant should advise the investigator that the reports are being prepared for the Louisiana Department of Insurance and make the necessary arrangements for payment.

In order to complete the necessary reports, the investigative firms must be provided with copies of all biographical affidavits. **DO NOT SEND ORIGINAL AFFIDAVITS TO THE INVESTIGATIVE FIRMS.**

WAIVER OF INVESTIGATIVE REPORTS AND FINGERPRINT CARDS

In certain cases the investigative report may be waived for specific individuals. The requirements for this waiver are as follows;

- 1) An investigative report has been supplied to this Department for the individual within one year previous to the date of submittal of the complete application packet. OR
- 2) The individual in question has been the officer or director of an insurer licensed to do business in Louisiana for a period of not less than 10 years. This exception will not apply when the company has undergone a change of control at any time in that 10 year period.

SPECIAL INSTRUCTIONS FOR DOMESTIC INSURERS

CHANGE OF NAME

In order to change the name of a Louisiana domiciled insurer, the Articles of Incorporation must be amended pursuant to LRS 22:38.

Duplicate originals of the proposed Articles should be submitted to the Company Licensing Division. If no problems are found with the documents, each will be stamped approved and signed by a representative of this Department after which they will be returned to the applicant for recordation in the parish of domicile.

After recording them with the recorder of mortgages (usually the Clerk of Court) in the parish of domicile of the company, the applicant should obtain two copies of the Articles certified by the recorder of mortgages in the parish of domicile. These duplicate certified copies should then be submitted to the Department.

INITIAL FINANCIAL EXAMINATION AND CONFIRMATION OF ASSETS

Prior to the issuance of a Certificate of Authority to a Louisiana domiciled insurer, this Department will conduct an initial financial examination and confirmation of the assets of the applicant.

Therefore, the applicant company must be properly capitalized and its funds invested in compliance with the applicable statutes and in the name of the applicant upon submission of the application. If the funds are not properly invested and verifiable, the application will be disapproved.

This Department will contact the applicant to obtain any additional information needed for this examination.

REVIEW OF POLICY FORMS

In association with the review of an application for a company seeking a Certificate of Authority, the Market Conduct Division of the Department of Insurance will review the policy forms to be used in Louisiana for compliance with the applicable statutes. This Division will contact the applicant directly with notice of any deficiencies. All deficiencies in the policy forms must be corrected and the forms must be approvable before a Certificate of Authority will be issued to an applicant.

REVIEW BY THE LOUISIANA INSURANCE GUARANTY ASSOCIATION

Pursuant to LRS 22:1384 A (3), the Louisiana Insurance Guaranty Association (LIGA) must review the applications of all potential members of the Association and make recommendations regarding the licensing thereof. Copies of necessary information will be sent to LIGA in association with the review of an application and the Commissioner may not approve an application until they have issued a statement of no objection.



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://wwwfdi.idi.state.la.us>

**APPLICATION TO ACT AS AN INSURER
IN THE STATE OF LOUISIANA**

General Information (Type or Print)

COMPANY NAME: _____

NAIC NO.: _____ FEIN NO.: _____

DATE OF ORGANIZATION: _____ DATE COMMENCED BUSINESS: _____

DOMICILE: _____

HOME OFFICE ADDRESS: _____

CONTACT NAME†: _____ CONTACT TITLE: _____

PHONE: _____ FACSIMILE: _____

CONTACT ADDRESS: _____

E-MAIL: _____

† This Office will only communicate with the named contact person.

REASON FOR APPLICATION

☐ SURPLUS LINES APPROVAL ☐ CERTIFICATE OF AUTHORITY ☐ REDOMESTICATE TO LOUISIANA

TYPE OF COMPANY (Check all that apply)☐ DOMESTIC INSURER☐ STOCK COMPANY☐ PROPERTY & CASUALTY☐ FOREIGN INSURER☐ MUTUAL COMPANY☐ LIFE☐ HEALTH AND ACCIDENT☐ ALIEN INSURER☐ OTHER _____☐ TITLE☐ OTHER _____**LINES OF BUSINESS TO BE WRITTEN (Check all that apply)**☐ Life☐ Glass☐ Credit Life☐ Fidelity and Surety☐ Variable Life☐ Bail Bonds☐ Annuities☐ Title☐ Variable Annuities☐ Fire and Extended Coverage☐ Health and Accident☐ Steam Boiler and Sprinkler Leakage☐ Dental Service (Dental Only)☐ Crop and Livestock☐ Medicare Supplement☐ Marine and Transportation (Inland Marine)☐ Vehicle (includes vehicle physical damage)☐ Ocean Marine☐ Vehicle Physical Damage Only☐ Flood☐ Liability☐ Reinsurance☐ Worker's Compensation☐ Miscellaneous☐ Burglary and Forgery☐ Legal Expense Insurer

SECTION 1 - FEES AND TAXES

Certificate of Authority	
Application Examination	\$ 500.00
Certificate of Authority	2,500.00
Annual or Financial Statement Review	100.00
Certificate of Recordation	2.00
Minimum License Tax (Property & Casualty = \$180.00 - Life, Health & Accident = \$140.00)†	_____
Agent Appointment (\$10.00 per agent)	_____
Recordation of Charter (Articles of Incorporation) (\$2.00 per page)	_____
Total Amount This Check	_____
Prepare a separate check for...	
Policy form review (\$2.00 per page)	\$ _____
Total Amount This Check	_____

Any foreign insurer applying to do business in Louisiana will be subject to the same fees which would be charged a Louisiana domestic insurer applying to do business in the state of domicile of that foreign insurer if such fees are in excess of those indicated above. The company will be notified of any additional fees which are required.

† The minimum license tax may be reduced if a minimum of 16.6% of the assets of the company are invested in qualifying Louisiana securities. See the Affidavit of Investments form for further information.

Surplus Lines Approval	
Review Fees	\$ 1,050.00
Total Amount This Check	\$ 1,050.00

ALL CHECKS MUST BE MADE PAYABLE TO THE LOUISIANA DEPARTMENT OF INSURANCE.

The review process will not begin until ALL fees are paid. Louisiana law does not allow for the fees to be paid after the issuance of the Certificate of Authority.

In association with this application, the Louisiana Department of Insurance will conduct a biographical examination of all officers, directors and owners of ten percent or more of the applicant company. This examination is conducted pursuant to LRS 22:983 D and LRS 22:1301A(3). The applicant will be billed for the expenses of this examination pursuant to LRS 22:1304. These expenses must be paid before issuance of a decision in the matter of this application. For more information regarding this examination, see page 2 of the Instruction Forms.

SECTION 2 - INTERROGATORIES

Except as otherwise indicated below, all of the following questions must be answered for every applicant. **ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS**

1) Is the applicant part of a holding company system? (If yes, attach a copy of the most recent Form "B" Holding Company statement and any amendments thereto.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Has the applicant ever had an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the applicant ever been placed under any type of regulatory supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Has the applicant ever had a Certificate of Authority revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Has the applicant ever been subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the applicant ever changed its name?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Has the applicant ever redomesticated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or liabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Within the last five years, has the applicant merged or consolidated with any other company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Within the last five years, has the applicant undergone a change in ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a change of ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Has the applicant undergone a change of management or control since the date of the latest annual statement filed in support of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the next 24 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Has any person who is presently an officer, director or owner of 10% or more of the applicant company ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 2 - INTERROGATORIE CONTINUED

- 32) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.) ☐ YES ☐ NO
- 33) Is the applicant affiliated with or concurrently operating as a bank, bank holding company, subsidiary or affiliate? ☐ YES ☐ NO
- 34) Is the applicant affiliated with any insurers which are authorized or approved to do business in this state? ☐ YES ☐ NO
- 35) Is the applicant currently undergoing a financial or market conduct examination or is such an examination scheduled within six months of the submission of this application? (If yes provide an explanation of the type and scope of the exam and the name of the examiner in charge.) ☐ YES ☐ NO
- 36) Does the applicant have any outstanding unexercised stock options? (If yes, attach a full explanation of who holds these options and the number of shares subject thereto.) ☐ YES ☐ NO

THE FOLLOWING SHOULD BE ANSWERED BY LIFE APPLICANTS ONLY

- 37) Are any of the applicant's policies being sold in connection with a mutual fund? ☐ YES ☐ NO
- 38) Is the sale of life insurance related or tied to the sale of a mutual fund or investment in securities? (If yes, supply details including all sales literature.) ☐ YES ☐ NO
- 39) Has the applicant at any time in any jurisdiction while operating under its present management taught or permitted its agents to sell insurance by using any of the following devices or representations: "centers of influence"; "advisory board"; a charter or founder's policy; a profit-sharing plan; that only a limited number of a certain policy will be sold in any given geographical area; that "profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings or savings in administration; a printed list of several large American or Canadian insurers showing the dollar amounts of "savings," "profits" or "earnings" they have made in such categories. ☐ YES ☐ NO

THE FOLLOWING SHOULD BE ANSWERED BY ALIEN COMPANIES ONLY

- 40) Has the applicant met the financial disclosure requirement of the International Insurers Department (formerly NAIIO) of the National Association of Insurance Commissioners? ☐ YES ☐ NO
- 41) Is the applicant prohibited from writing in its domicile any of the lines of insurance which it proposes to write in Louisiana? ☐ YES ☐ NO
- 42) Does the regulatory authority governing the applicant in its domicile have any statutes or regulations that might prohibit or restrict in any way the disclosure of information concerning the applicant to the Louisiana Department of Insurance? ☐ YES ☐ NO

SECTION 3 - MANAGEMENT/BIOGRAPHICAL

- 1) **AGENT APPOINTMENT FORM** fully completed. At least one licensed agent must be appointed by the company. The agent must be a Louisiana resident and hold a current Louisiana agent's license. The appropriate form is attached. (COMPANIES SEEKING TO BE ADMITTED ONLY) A company which is applying to write reinsurance only in Louisiana need not supply this document.

Life, Health and Accident insurers use Form 1117-B
Property and Casualty insurers use Form 1170

- 2) **BIOGRAPHICAL AFFIDAVITS** must be furnished for all officers and all directors of the company and all individuals owning 10 percent or more of the stock if a stock company. The proper affidavit form to be used is attached. NAIC biographical affidavits are not acceptable.
- 3) **FINGERPRINT CARDS** for all officers and all directors of the company and all individuals owning 10 percent or more of the company. The FBI/NCIC standard cards should be used and may be obtained from most local law enforcement offices.
- 4) **INVESTIGATIVE REPORTS** for all persons for whom biographical affidavits were supplied. See the application instructions for more information regarding the procedure for obtaining these reports.
- 5) **DOMICILIARY STATE QUESTIONNAIRE** completed by an official of the appropriate office of the domiciliary state or, in the case of an alien insurer, the state of entry, within ninety (90) days of the submission of this application. The appropriate form is attached. (FOREIGN AND ALIEN COMPANIES ONLY)
- 6) **COPY OF MOST RECENT MARKET CONDUCT EXAMINATION REPORT**, if available, certified by the domiciliary state. (FOREIGN COMPANIES ONLY)

SECTION 3.1 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give a complete list of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, directors, trustees, executive committee members and/or any person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.

[illegible]

SECTION 4 - FINANCIAL

1) STATUTORY DEPOSIT as indicated below.

REQUIREMENTS FOR A DOMESTIC COMPANY:

A safekeeping or trust receipt from a bank doing business within the state or from a savings and loan association chartered to do business in this state indicating that the applicant has deposited one hundred thousand dollars **(\$100,000.00)** in money or acceptable bonds (Acceptable bonds are defined as bonds issued by the United States Government or the State of Louisiana or any political subdivision of the State of Louisiana.) with that institution and pledged said deposit to the Commissioner of Insurance. The banks have the necessary pledge forms. Do not contact this Office to request one.

If the company will be licensed to engage in surety business, an additional fifty thousand **(\$50,000.00)** in cash or approved bonds shall be maintained in a Louisiana bank and pledged to the Commissioner of Insurance.

In addition to the above, all domestic companies must provide an **ORGANIZATIONAL BOND** in the form of two ten thousand dollar **(\$10,000.00)** surety bonds issued by an insurance company authorized to write fidelity and surety coverage in this state with the incorporators of the company as the principal. These bonds must be made in favor of the Commissioner of Insurance and must be maintained until a Certificate of Authority is issued.

REQUIREMENTS FOR AN ADMITTED FOREIGN OR ALIEN COMPANY:

A safekeeping or trust receipt from a bank doing business within the state or from a savings and loan association chartered to do business in this state verifying that the applicant has deposited twenty thousand dollars **(\$20,000.00)** in money or acceptable bonds (Acceptable bonds are defined as bonds issued by the United States Government or the State of Louisiana or any political subdivision of the State of Louisiana.) with that institution and pledged said deposit to the Commissioner of Insurance. The banks have the necessary pledge forms. Do not contact this Office to request one.

OR a one hundred thousand dollar **(\$100,000.00)** surety bond issued by a surety company licensed to do business in the state of Louisiana. The appropriate bond form is attached.

If the company will be licensed to engage in surety business, an additional fifty thousand **(\$50,000.00)** in cash or approved bonds shall be maintained in a Louisiana bank and pledged to the Commissioner of Insurance.

REQUIREMENTS FOR A SURPLUS LINES COMPANY:

A safekeeping or trust receipt from a bank doing business within the state or from a savings and loan association chartered to do business in this state indicating that the applicant has deposited one hundred thousand dollars **(\$100,000.00)** in money or acceptable bonds with that institution and pledged said deposit to the Commissioner of Insurance. The banks have the necessary pledge forms. Do not contact this Office to request one.

OR a one hundred thousand dollar **(\$100,000.00)** surety bond issued by a surety company licensed to do business in the state of Louisiana. The appropriate bond form is attached.

An ALIEN surplus lines company may substitute a trust deposit in an amount not less than two million dollars **(\$2,000,000.00)** with a bank or trust company in the United States which is held for the protection of United States policyholders. A copy of the trust agreement certified by the United States Trustee must be filed with this application.

ANY surplus lines company which will insure **TAXI CABS** must deposit an additional three hundred fifty thousand dollars **(\$350,000.00)** in cash or approved securities with the Louisiana State Treasurer conditioned only for and dedicated to the payment of any claims arising from and accruing to any policy issued upon any property or other risk situated in this state.

SECTION 4 - FINANCIAL CONTINUED

- 2) **MOST RECENT ANNUAL STATEMENT** certified by the proper official of the domiciliary state **OR** bearing original signatures and notarization on the jurit page of the report. Included with this report should be the **MOST RECENT MANAGEMENT DISCUSSION AND ANALYSIS** and the **MOST RECENT ACTUARIAL OPINION**.
 - An **ALIEN SURPLUS-LINES COMPANY** must submit a copy of its financial statement filed with the NAIC.
 - A **DOMESTIC COMPANY** should supply a balance sheet verified by two officers of the company. This statement is not a pro-forma and should reflect the accurate condition of the applicant upon submission of the application.
- 3) **QUARTERLY STATEMENTS** for all quarters subsequent to the most recent annual statement. (FOREIGN COMPANIES ONLY)
- 4) An **AFFIDAVIT OF SOURCE OF FUNDS** signed by the president and treasurer of the company giving the description, value and exact source of all assets which will be used to capitalize this company. (DOMESTIC COMPANIES ONLY)
- 5) A copy of the most recent **AUDITED FINANCIAL STATEMENT** of the applicant. (FOREIGN AND ALIEN COMPANIES ONLY)
- 6) **MOST RECENT FINANCIAL EXAMINATION REPORT** certified by the proper official of the domiciliary state or, in the case of an alien insurer, the state of entry. (FOREIGN AND ALIEN COMPANIES ONLY)
- 7) A **CERTIFICATE OF DEPOSIT** certified by the proper official of the domiciliary state showing that a deposit of not less than \$100,000.00 is held in that state as required by the laws of that state. (FOREIGN COMPANIES ONLY)
- 8) A **CERTIFICATE OF VALUATION OF RESERVES** from the domiciliary state. (FOREIGN AND ALIEN LIFE COMPANIES SEEKING TO BE ADMITTED ONLY)
- 9) Copy of **MOST RECENT IRIS REPORT** and the company's response thereto. (FOREIGN COMPANIES ONLY)
- 10) **AFFIDAVIT OF IRIS STATUS** form fully completed. The appropriate form is attached. (FOREIGN COMPANIES APPLYING FOR SURPLUS LINES APPROVAL ONLY)
- 11) **COPY OF MOST RECENT RATING ANALYSIS** from A.M. Best, Standard & Poors or any other such rating service. (FOREIGN AND ALIEN COMPANIES ONLY)
- 12) A **LETTER GIVING THE NAME, ADDRESS AND PHONE NUMBER OF THE ACTUARY** used by the company. (FOREIGN AND ALIEN COMPANIES ONLY)
- 13) An **ACTUARIAL ENGAGEMENT AGREEMENT** signed by the president of the company engaging an independent qualified actuary for a minimum of three years to provide to the Commissioner an annual actuarial reserves analysis. (DOMESTIC COMPANIES ONLY)

SECTION 4 - FINANCIAL CONTINUED

- 14) **A CPA ENGAGEMENT AGREEMENT** signed by the president of the company engaging an independent qualified CPA for a minimum of three years to supply the Commissioner with an annual audited financial statement. (DOMESTIC COMPANIES ONLY)
- 15) **AFFIDAVIT OF INVESTMENTS** form fully completed. The appropriate form is attached. (COMPANIES WISHING TO QUALIFY FOR TAX REDUCTION PURSUANT TO LRS 22:1068 ONLY)
- 16) A copy of the **LETTER FROM THE INTERNATIONAL INSURERS DIVISION OF THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS** advising the company that they have been placed on the list of approved unauthorized insurers maintained by that office (ALIEN INSURERS APPLYING FOR SURPLUS LINES APPROVAL ONLY)

SECTION 5 - LEGAL

1) **PLAN OF OPERATION** which addresses the following points in association with its proposed business in Louisiana:

- What type of business does the company intend to write?
- What markets does the company intend to target? What geographic areas?
- Who will produce business for the company?
- What is the anticipated number of agents the company plans to have selling its products?
- What is the total projected Louisiana business over the next five years? These figures should be given on an annual basis and be arranged by lines of business which will comprise 10% or more of the total premium volume.
- What are the total loss adjustments, expense and claim reserves, projected loss ratios and loss adjustment expense and amount of projected claim reserves for Louisiana business? These figures should be given on an annual basis and be arranged by lines of business which will comprise 10% or more of the total premium volume.
- Who will be underwriting the business produced in Louisiana? If the underwriter is other than the company, what is the relationship to the company?
- Briefly, what are the underwriting controls to accept or reject a potential policyholder?
- What procedures does the company have in place for reviewing, accepting or denying claims? What, if any, procedures are in place to allow the company to make prompt payment of claims?
- What procedures or processes does the company have for reviewing the business produced by individual agents or general agents? What action is taken in association with agents who consistently produce unprofitable business?
- What procedures does the company have in place for reviewing, accepting or denying proposed investments?
- Give a detailed description of the corporate organizational structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages of all affiliated companies up to and including the ultimate controlling person.

2) **DIRECTOR'S ACCEPTANCE OF TRUST** completed by each director of the company. The appropriate form is attached. (DOMESTIC COMPANIES ONLY)

3) **OATH OF OFFICER** completed by each officer of the company. The appropriate form is attached. (DOMESTIC COMPANIES ONLY)

4) **DUPLICATE COPIES OF THE ARTICLES OF INCORPORATION AND ALL AMENDMENTS THERETO** of the company certified by the proper domiciliary official. The certification must be original and dated no more than ninety (90) days prior to the receipt of the application by this Department.

- SURPLUS LINES companies need only file a single copy of the Articles certified by the proper domiciliary official.
- DOMESTIC COMPANIES must file duplicate executed originals of the proposed Articles of Incorporation for review and approval prior to filing with the Clerk of Court's office in the parish of domicile. Please refer to the Insurer Application Instructions for a more detailed explanation of the Article's approval process.

5) **COPY OF THE COMPANY BY-LAWS** certified as true and correct by the company secretary. The certification must be original and dated no more than ninety (90) days prior to the receipt of the application by this Department.

6) **APPOINTMENT OF AGENT TO ACCEPT SERVICE OF PROCESS FOR LOUISIANA** form fully completed. The appropriate form is attached. (FOREIGN AND ALIEN COMPANIES SEEKING TO BE ADMITTED ONLY)

SECTION 5 - LEGAL CONTINUED

- 7) ORIGINAL CERTIFICATE OF COMPLIANCE** issued and certified by the proper domiciliary state official no more than ninety (90) days of receipt of the application by this Department. (FOREIGN COMPANIES ONLY)
- 8) COPY OF THE DOMICILIARY CERTIFICATE OF AUTHORITY** certified by the proper domiciliary official. This Certificate must clearly indicate the lines of insurance which the applicant is authorized to write in its domicile. (FOREIGN AND ALIEN COMPANIES ONLY)
- 9) NO OBJECTION LETTER** from the proper domiciliary state official verifying that he/she has no objection to the company seeking to do business in Louisiana which is dated no more than ninety (90) days prior to the date of receipt by this Department. (FOREIGN COMPANIES ONLY)
- 10) CONSENT TO BE SUED** form fully completed. The appropriate form is attached. (FOREIGN PROPERTY AND CASUALTY COMPANIES ONLY)
- 11) AFFIDAVIT OF INTENT TO COMPLY WITH UNINSURED MOTORIST STATUTES** fully completed. The appropriate form is attached. (ONLY FOREIGN AND ALIEN COMPANIES WHICH WILL INSURE VEHICLES)
- 12) AFFIDAVIT OF REQUIREMENT OF AGENT AND SOLICITOR COMPLIANCE** fully completed. The appropriate form is attached. (COMPANIES SEEKING TO BE ADMITTED ONLY)
- 13) AFFIDAVIT OF INTENT TO COMPLY WITH RATES, RULES AND REGULATIONS** fully completed. The appropriate form is attached. (COMPANIES SEEKING TO BE ADMITTED ONLY)
- 14) AFFIDAVIT OF ORGANIZATION AND INVESTMENT OF FUNDS** fully completed. The appropriate form is attached. (DOMESTIC COMPANIES ONLY)
- 15) AUTHORIZATION FOR THE RELEASE OF INFORMATION** fully completed. The appropriate form is attached. (ALIEN COMPANIES ONLY)
- 16) DUPLICATE COPIES OF ALL POLICY AND APPLICATION FORMS** intended for use in Louisiana. Policy forms must be submitted for each line of coverage which the plan of operation supplied with this application indicates the company will be writing in this state.
 - **SURPLUS LINES COMPANIES** should only submit one copy of the policy and application forms.
- 17) COMPLETE COPIES OF ALL REINSURANCE AGREEMENTS** of the applicant. Supply only copies of executed agreements. Draft copies, binders or specification sheets are not acceptable.

SECTION 6 - GENERAL INFORMATION

1) If the applicant is an alien company, furnish the name, address and telephone number of its American legal counsel.

Phone #

2) If the applicant is an alien company, furnish the name address and telephone number of the United States Trustee.

Phone #

3) Give the address and telephone number of the supervisory claims office responsible for Louisiana claims.

Phone #

4) Give the address and telephone number of the supervisory claims office responsible for worker's compensation claims within Louisiana.

Phone #

SECTION 6 - GENERAL INFORMATION CONTINUED

5) Give the name, address and telephone number of the contact person and division to whom consumer complaints should be directed.

Phone #

6) Give the name, address and telephone number of the contact person and division to whom questions regarding the appointment and licensing of agents should be directed. (COMPANIES SEEKING TO BE ADMITTED ONLY)

Phone #

7) Give the name, address and telephone number of the contact person or division to whom questions regarding policy forms should be directed. (ADMITTED COMPANIES ONLY)

Phone #

8) Give the name and address and telephone number of the contact person with the financial institution in which the funds of the company or on deposit (DOMESTIC COMPANIES ONLY)

Phone #

8) Does the applicant company have in place a plan, program or procedure designed to promote the employment and/or participation of minorities, women and/or persons with disabilities?

☐ NO

If yes, provide an explanation of this plan, program or procedure below or attach a copy to this application.

[illegible]

9) Does the applicant have a program to prevent insurance fraud?

☐ YES

☐ NO

If yes, provide a detailed explanation of the plan which should include but not be limited to the following:

- a) A description of current programs aimed at preventing insurance fraud in which the company is directly involved. Identify whether these programs are specific to Louisiana or countrywide.
- b) An analysis of each program's success. Provide hard data, if available, which measure the success of each program.
- c) The company's future plans aimed at preventing insurance fraud in Louisiana.
- d) Last year's budget and the current year's budget underlying programs aimed at preventing insurance fraud. Include a count of human resources directly allocated to programs aimed at preventing fraud.

Give the name, address and phone number of a person within the company who can be contacted to provide additional information regarding the company's fraud program.

Phone #

NOTARIZATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____ and _____ who, after being duly sworn, did depose and say they have personal knowledge of the information submitted with this application and that all information contained in this application and all attachments thereto is, to the best of his/her knowledge, true, complete and correct. Furthermore, all of the terms, agreements, and conditions involving this applicant and its officers, directors and owners of 10% or more of the application, whether written or verbal, have been disclosed to the Louisiana Commissioner of Insurance and any changes in existing agreements and any new agreements shall be disclosed to the Commissioner in the form of a notarized statement within 48 hours of the change.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

**ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN ASSOCIATION WITH THIS APPLICATION MAY BE
A VIOLATION OF 42 USCA 1033 (a) (1).**

1170 - PROPERTY & CASUALTY

All agents listed below are hereby authorized to transact the lines of insurance authorized by our company's Certificate of Authority, except those who are limited as indicated below. THESE APPOINTMENTS ARE FOR THE LICENSE YEAR: MAY 1, 1997 - APRIL 30, 1998.

Company Number _____

Company Name and Address:

COMMISSIONER OF INSURANCE
STATE OF LOUISIANA
P. O. BOX 94214
BATON ROUGE, LOUISIANA 70804-9214

☐ CHECK THIS BOX IF THIS COMPANY APPOINTMENT IS FOR
AN INSURER APPLYING TO BECOME ADMITTED IN THIS STATE.

	Disapproved Code (DOI Use)		Limited Code		Agent Name			Resident State	Fee
	↓	License Number	↓	EIN or Social Security N°	Last	First	Middle		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

REMARKS: _____

Signature of Authorized Representative		Date
		FOR DEPARTMENT OF INSURANCE USE ONLY
		Classification N°
		Postmark Date
		Date Processed
Fiscal Division Only		Initials
Agent's Licensing Only		

INSTRUCTIONS FOR APPOINTING ALL TYPES OF AGENTS

1. When an appointment form is submitted to our department a copy of the approved or disapproved appointments will be returned to your company. **Please enclose a self-addressed, stamped envelope.** (You may wish to make a copy prior to submitting your appointment to our office.)
2. All insurer information must be completed including the company number.
3. Fees are not refundable. A new form and fee must be submitted if the appointment is disapproved.
4. The name listed on the appointment form must be exactly as it appears on the Louisiana license. List last name first in alphabetical order. Do not use abbreviations or nicknames. **INCOMPLETE NAMES WILL BE DISAPPROVED.**
5. When appointing a partnership or corporation, list the name of the partnership or corporation. It is not necessary to appoint each partner, officer or employee registered with the firm, in their individual name.
6. A \$10 penalty fee will be charged for each name listed on the renewal appointment form if filed after March 1.

Life, Health and Accident Appointments (1117B)		Property and Casualty Agent Appointments (1170)	
If you wish to limit an agent to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1117B.		IMPORTANT: Do not list solicitors, brokers, or salaried employees of your company. If you wish to limit an agent to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1170.	
1. Limited to Credit Life		5. Limited to Industrial Fire	
2. Limited to Credit Health and Accident		6. Limited to Fidelity and Surety	
3. Limited to Credit Life and Credit Health and Accident		7. Limited to Baggage	
4. Limited to Travel Health and Accident		8. Agent will write Bail Bonds	
		9. Limited to Vehicle Property Damage	
		10. Limited to Credit Property	
FEES: Louisiana Residents	\$10.00 per agent	FEES: Louisiana Residents	\$10.00 per agent
Nonresidents	Reciprocal	Nonresidents	Reciprocal
Salaried Employees Appointments (1171)		Variable Annuity Appointments (VA-3)	
Do not list brokers or solicitors.		The applicant must hold a current Life Appointment with the appointing Insurance Company.	
FEES: Louisiana Residents	\$10.00 per agent	FEES: Louisiana Residents	\$10.00 per agent
Nonresidents	Reciprocal	Nonresidents	Reciprocal
Automobile Club Agents (AC-3)		Other Information	
		THIS FORM MAY BE REPRODUCED.	
FEES: Louisiana Resident	\$10.00 per agent	Checks must be made payable to the Louisiana Department of Insurance.	
Nonresident	Reciprocal		

DISAPPROVED CODES

A	Agent did not renew his/her license	I	Invalid address and or Fine imposed
B	Agent holds a limited license and is not qualified to transact lines of insurance authorized by your company's certificate of authority	J	Deceased Individual
C	Invalid license number or name and number do not match	K	Revoked License
D	Bail Bond Agent must file fingerprint card and/or rap sheet	L	Suspended License
E	See REMARKS at bottom of form OR see letter attached to appointment form	M	License Cancelled
F	Agent/Agency is not licensed	N	Moved out of state
G	Agent has a complaint on file	O	Need letter of certification indicating lines of insurance for which the agent is licensed
H	Agent has a non-sufficient fund check on file (company appointment form may be resubmitted when check is clear)	P	Agent does NOT hold a current life appointment to represent the insurance company

1170 - PROPERTY & CASUALTY

All agents listed below are hereby authorized to transact the lines of insurance authorized by our company's Certificate of Authority, except those who are limited as indicated below. THESE APPOINTMENTS ARE FOR THE LICENSE YEAR: MAY 1, 1997 - APRIL 30, 1998.

Company Number _____

Company Name and Address:

COMMISSIONER OF INSURANCE
STATE OF LOUISIANA
P. O. BOX 94214
BATON ROUGE, LOUISIANA 70804-9214

☐ CHECK THIS BOX IF THIS COMPANY APPOINTMENT IS FOR AN INSURER APPLYING TO BECOME ADMITTED IN THIS STATE.

	Disapproved Code (DOI Use)		Limited Code		Agent Name			Resident State	Fee
	↓	License Number	↓	EIN or Social Security N°	Last	First	Middle		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

REMARKS: _____

Signature of Authorized Representative

Date

Fiscal Division Only

Agent's Licensing Only

FOR DEPARTMENT OF INSURANCE USE ONLY

Classification N°

Postmark Date

Date Processed

Initials

1117B - LIFE, HEALTH & ACCIDENT

All agents listed below are hereby authorized to transact the lines of insurance authorized by our company's Certificate of Authority, except those who are limited as indicated below. THESE APPOINTMENTS ARE FOR THE LICENSE YEAR: MAY 1, 1997 - APRIL 30, 1998.

Company Number _____

Company Name and Address:

COMMISSIONER OF INSURANCE
STATE OF LOUISIANA
P. O. BOX 94214
BATON ROUGE, LOUISIANA 70804-9214

☐ CHECK THIS BOX IF THIS COMPANY APPOINTMENT IS FOR AN INSURER APPLYING TO BECOME ADMITTED IN THIS STATE.

	Disapproved Code (DOI Use)		Limited Code		Agent Name			Resident State	Fee
	↓	License Number	↓	ETIN or Social Security N°	Last	First	Middle		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

REMARKS: _____

Signature of Authorized Representative

Date

Fiscal Division Only

Agent's Licensing Only

FOR DEPARTMENT OF INSURANCE USE ONLY

Classification N°

Postmark Date

Date Processed

Initials

INSTRUCTIONS FOR APPOINTING ALL TYPES OF AGENTS

1. When an appointment form is submitted to our department a copy of the approved or disapproved appointments will be returned to your company. **Please enclose a self-addressed, stamped envelope.** (You may wish to make a copy prior to submitting your appointment to our office.)
2. All insurer information must be completed including the company number.
3. Fees are not refundable. A new form and fee must be submitted if the appointment is disapproved.
4. The name listed on the appointment form must be exactly as it appears on the Louisiana license. List last name first in alphabetical order. Do not use abbreviations or nicknames. **INCOMPLETE NAMES WILL BE DISAPPROVED.**
5. When appointing a partnership or corporation, list the name of the partnership or corporation. It is not necessary to appoint each partner, officer or employee registered with the firm, in their individual name.
6. A \$10 penalty fee will be charged for each name listed on the renewal appointment form if filed after March 1.

Life, Health and Accident Appointments (1117B)		Property and Casualty Agent Appointments (1170)	
If you wish to limit an agent to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1117B.		IMPORTANT: Do not list solicitors, brokers, or salaried employees of your company. If you wish to limit an agent to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1170.	
1. Limited to Credit Life		5. Limited to Industrial Fire	
2. Limited to Credit Health and Accident		6. Limited to Fidelity and Surety	
3. Limited to Credit Life and Credit Health and Accident		7. Limited to Baggage	
4. Limited to Travel Health and Accident		8. Agent will write Bail Bonds	
		9. Limited to Vehicle Property Damage	
		10. Limited to Credit Property	
FEES: Louisiana Residents	\$10.00 per agent	FEES: Louisiana Residents	\$10.00 per agent
Nonresidents	Reciprocal	Nonresidents	Reciprocal
Salaried Employees Appointments (1171)		Variable Annuity Appointments (VA-3)	
Do not list brokers or solicitors.		The applicant must hold a current Life Appointment with the appointing Insurance Company.	
FEES: Louisiana Residents	\$10.00 per agent	FEES: Louisiana Residents	\$10.00 per agent
Nonresidents	Reciprocal	Nonresidents	Reciprocal
Automobile Club Agents (AC-3)		Other Information	
		THIS FORM MAY BE REPRODUCED.	
FEES: Louisiana Resident	\$10.00 per agent	Checks must be made payable to the Louisiana Department of Insurance.	
Nonresident	Reciprocal		

DISAPPROVED CODES			
A	Agent did not renew his/her license	I	Invalid address and/or Fine imposed
B	Agent holds a limited license and is not qualified to transact lines of insurance authorized by your company's certificate of authority	J	Deceased Individual
C	Invalid license number or name and number do not match	K	Revoked License
D	Bail Bond Agent must file fingerprint card and/or rap sheet	L	Suspended License
E	See REMARKS at bottom of form OR see letter attached to appointment form	M	License Cancelled
F	Agent/Agency is not licensed	N	Moved out of state
G	Agent has a complaint on file	O	Need letter of certification indicating lines of insurance for which the agent is licensed
H	Agent has a non-sufficient fund check on file (company appointment form may be resubmitted when check is clear)	P	Agent does NOT hold a current life appointment to represent the insurance company

CHECK ONE

☐ Individual

☐ Corporation/Partnership

LOUISIANA DEPARTMENT OF
INSURANCE
P.O. BOX 94214
BATON ROUGE, LA 70804-9214
BIOGRAPHICAL AFFIDAVIT

Instructions:

All questions must be answered. If incomplete, the affidavit will be returned to you for completion and will cause delays with the processing of your application. If the answer to any question is no or none, it must be so stated. The terms "NO," and "Non-applicable" or "N/A" must not be used interchangeably. If Corporation/Partnership was checked above, then a Biographical Affidavit is required from all officers, directors, stockholders, and partners. The Corporation/Partnership must complete Questions 1 through 8 and the officer, director, stockholder, and partner responding must complete the remaining questions. If you checked individual above, disregard Questions 1 through 8 and begin by responding to Question 9 and answer remaining questions.

1. Full Name of Applicant Corporation or Partnership (do not use group names)					
2. Address of N° 1 above		City		State	Zip Code
3. Telephone Number of N° 1 above ()		4. Federal Employer I.D. Number		5. Contact Person Name	
6. State of Incorporation of N° 1		7. Date of Incorporation of N° 1 above		8. Number of officers, directors, stockholders and partners of N° 1 above	
9. Full Legal Individual Name of Affiant or Name of officer, director, stockholder, or partner (Last, First, Full Middle)					10. Social Security Number
11. Date of Birth	12. Place of Birth (City, State, and Country)		13. Height	14. Weight	15. Hair Color
16. Eye Color					
17. Driver's License N° and State (attach copy)		18. Position and relationship to N° 1 above		19. % ownership of N° 1 above	
20. Daytime Telephone Number ()		21. State of Residence		22. Length of Residency in Question 21	23. Marital Status
24. If Married, Full Legal Name of Spouse (Last, First, Full Middle)					25. Spouse's Social Security Number
26. State any name or names ever used by N° 9 above or by which No. 9 has been known.					
27. Provide the reason and date for the name change, if any, in N° 26 above.					
28. Residence Address of Individual listed in N° 9 above. Street		City		State	Zip Code
29. Business Address of Individual listed in N° 9 above. Street		City		State	Zip Code

30. Provide ALL residential addresses for the past 10 YEARS, starting with the current address.
Attach additional sheets if needed.

STREET	CITY	STATE	ZIP	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
						PRESENT	

31. List schools which you have attended including all of the indicated information.
Please attach additional sheets, if needed.

	FROM		TO		FIELD OF STUDY
	MONTH	YEAR	MONTH	YEAR	
NAME					DEGREE RECEIVED
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					DEGREE RECEIVED
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					DEGREE RECEIVED
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					DEGREE RECEIVED
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					DEGREE RECEIVED
ADDRESS	PHONE				
CITY	STATE	ZIP			

32. ACCOUNT FOR ALL TIME FOR THE PAST 10 YEARS. Give all employment experience starting with your present employer and working back ten years. Include full and part-time work, self-employment, military service, unemployment, and full-time education.
Please attach additional sheets, if needed.

	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
NAME					MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PHONE				
CITY	STATE	ZIP			
NAME					MAY BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PHONE				
CITY	STATE	ZIP			

33. List memberships in professional societies, associations, or organizations. Include the name of the organization, your position and years as a member.

ORGANIZATION NAME	POSITION	FROM	TO

34. List any professional, occupational, and vocational licenses issued to you by any public governmental licensing agency or regulatory authority which you have held during the last 20 years. If you have indicated that any licenses have been suspended or revoked, provide a detailed explanation on a separate sheet. Attach a separate sheet if needed.

NAME OF ISSUER	LICENSE	DATE		SUSPENDED OR REVOKED	LIST OTHER REASON FOR EXPIRATION
		ISSUED	EXPIRED		
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

35. Have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority? If yes, give full details on a separate sheet. ☐ YES ☐ NO

36. List all positions you have held that required a fidelity or surety bond. Attach additional sheets if needed.

NAME OF EMPLOYER	POSITION

- a. Have you ever been denied a fidelity or surety bond? If yes, provide details on separate sheet. ☐ YES ☐ NO
- b. Have you ever had a claim filed on a fidelity or surety bond? If yes, provide details on a separate sheet. ☐ YES ☐ NO
- c. Have you ever had a fidelity or surety bond canceled or revoked? If yes, provide details on separate sheet. ☐ YES ☐ NO

37. List all insurers or insurance-related entities that you control directly or indirectly, or of which you own legally or beneficially 10% or more of the outstanding stock, or, if not a corporation, have ownership of 10% or more. Attach additional sheets if needed.

NAME OF INSURER OR ORGANIZATION	% OWNERSHIP

38. List all other corporation, partnerships, or other business entities that you control directly or indirectly, or of which you own legally or beneficially 10% or more of the outstanding stock, or, if not a corporation, have ownership of 10% or more. Attach additional sheet if needed.

NAME OF ORGANIZATION	% OWNERSHIP

If the answer to any of the following questions is YES, provide legal documentation and a detailed explanation on a separate sheet of paper.

39. Have you or any entity in which you were an officer, director, or owner of 10% or more of its stock, or, if not a corporation, ownership of 10% or more ever been subject to a bankruptcy proceeding? If yes, give details such as case caption, jurisdiction, case number, date of filing, status, etc. ☐ YES ☐ NO
40. Have you ever been arrested or indicted for any reason other than traffic violations? ☐ YES ☐ NO
41. Have you ever been convicted or pled guilty or nolo contendere to any crime charging any felony or charging a misdemeanor other than minor traffic violations? If yes, give details, including date and jurisdiction. ☐ YES ☐ NO
42. Have you ever had a sentence imposed or suspended or had pronouncement of a sentence, pardoned or been pardoned for conviction of any felony or misdemeanor? ☐ YES ☐ NO
43. Have you ever been the subject of disciplinary proceedings of any federal or state regulatory agency? ☒ YES ☐ NO
44. Has any company, allegedly as a result of any action or conduct on your part been charged with any felony or misdemeanor? ☒ YES ☐ NO
45. Have you ever been granted a statutory, gubernatorial or presidential pardon? ☐ YES ☐ NO
46. Has any company, as result of any action or conduct on your part, been the subject of any proceeding of any federal or state regulatory authority? ☐ YES ☐ NO
47. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any entity in the business of insurance as defined under R.S. 22§732.2, which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision, or in receivership, rehabilitation, liquidation, or conservation, or whose application was voluntarily withdrawn? ☐ YES ☐ NO

48. Are you or any entity with which you are affiliated presently engaged in a controversy with any state or federal regulatory agency?

☐ YES☐ NO
49. Do you have an agreement or are you negotiating or inviting negotiations to sell or transfer any of your ownership or control of this entity?

☐ YES☐ NO
50. Have you ever been the subject of a cease and desist order or entered into a settlement with any state or regulatory agency? This applies to both insurance and non-insurance matters.

☐ YES☐ NO
51. Do you currently participate or have plans to participate in any voting trust, proxy, or counterletter which could effectively dilute or enhance your ownership of the insurer and subsidiaries and/or affiliates?

☐ YES☐ NO
52. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant company or its affiliates?
If yes, will any of the stock be pledged or hypothecated in any way?

☐ YES☐ NO

☐ YES☐ NO
53. Have you, or any entity with which you are affiliated as an officer, director, or owner of 10% or more of its stock, or, if not a corporation, had ownership of 10% or more, ever been a defendant or subject of any legal or regulatory action alleging fraud or mismanagement? If yes include details such as case caption, jurisdiction, case number, dates, nature of action, disposition, etc.

☐ YES☐ NO
54. Have you or any entity with which you are affiliated ever made application to acquire any entity in the business of insurance?

☐ YES☐ NO
55. Provide a full explanation and history of the experience and education which qualify you for the position which you currently hold or propose to hold with the applicant entity. A resume may be attached in response to this question.

STATEMENT OF INDIVIDUAL LISTED IN QUESTION N° 9 ABOVE

DATED AND SIGNED this

DAY

MONTH

YEAR

at

STATE OF

PARISH / COUNTY OF

I hereby certify, under penalty of perjury, that I am acting on my behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I understand that the Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it relates to this inquiry.

I hereby give my permission and waive any provisions of law that forbids any court, police agency, employer, firm, or person from disclosing any knowledge or information they have concerning me which is requested by the Louisiana Department of Insurance and/or its representatives. I further consent and request that the Louisiana Department of Insurance, and/or its representatives, be provided with a certified copy of any such record concerning me which they deem necessary in the performance of their investigation. By the submission of this affidavit, the affiant specifically waives any right to privacy inherent in any biographical background and financial information and hereby includes but does not limit to local and national criminal computer files and national and local insurance regulatory databases, less and except any personal medical information.

Affiant specifically authorizes a credit report to be conducted and other inquiries to be made concerning financial information contained in the credit report statement.

I recognize the right of the Louisiana Department of Insurance to treat at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources.

It is also expressly understood that all reports prepared as a result of this affidavit belong solely to the Louisiana Department of Insurance.

THE AFFIANT DOES FURTHER CERTIFY THAT ANY CHANGES IN INFORMATION WHICH HAS BEEN PROVIDED BY HIM/HER REGARDING THIS APPLICATION/FILING SHALL BE REPORTED TO THE LOUISIANA COMMISSIONER OF INSURANCE, WITHIN 48 HOURS OF OCCURRENCE IN THE FORM OF A NOTARIZED STATEMENT.

Signature of Individual listed in Question N° 9 above

NOTARY STATEMENT

BEFORE ME, the undersigned authority, personally came and appeared:

Name of individual listed in Question N° 9 above

who, being duly sworn, states that he/she has executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me, a Notary Public, at

NOTARY SEAL

State of

Parish/County of

This

Day	Month	Year

Signature of Notary

Print Name of Notary

NOTICE

A LEGIBLE COPY OF THE DRIVER'S LICENSE OF THE AFFIANT MUST BE ATTACHED TO THIS AFFIDAVIT.



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.ildi.state.la.us>

DOMICILIARY STATE QUESTIONNAIRE

GENERAL INFORMATION - TO BE COMPLETED BY COMPANY

COMPANY NAME: _____

COMPANY ADDRESS: _____

NAIC #: _____ STATE OF DOMICILE _____

DATE COMPANY WAS LICENSED IN DOMICILIARY STATE: _____

LINE OF BUSINESS TO BE WRITTEN IN LOUISIANA - TO BE COMPLETED BY COMPANY

- | | | |
|---|--|---|
| <input type="checkbox"/> Life | <input type="checkbox"/> Glass | <input type="checkbox"/> Vehicle Physical Damage Only |
| <input type="checkbox"/> Credit Life | <input type="checkbox"/> Fidelity and Surety | <input type="checkbox"/> Liability |
| <input type="checkbox"/> Variable Life | <input type="checkbox"/> Bail Bonds | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Title | <input type="checkbox"/> Burglary and Forgery |
| <input type="checkbox"/> Variable Annuities | <input type="checkbox"/> Fire and Extended Coverage | <input type="checkbox"/> Ocean Marine |
| <input type="checkbox"/> Health and Accident | <input type="checkbox"/> Steam Boiler and Sprinkler Leakage | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Dental Service (Dental Only) | <input type="checkbox"/> Crop and Livestock | <input type="checkbox"/> Reinsurance |
| <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Marine and Transportation (Inland Marine) | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Vehicle (includes vehicle physical damage) | | |

RETALIATORY STATEMENT - TO BE COMPLETED BY DOMICILIARY STATE

Please indicate below the requirements which would be applied to a like Louisiana company applying for authority to write the classes of business indicated above in your state.

Paid in capital of... \$ _____

Surplus over all liabilities of... \$ _____

Security Deposit in Louisiana of... \$ _____

Security Deposit in your state of... \$ _____

On a separate sheet, please itemize the following charges

Fees for admission
Annual renewal fees
Premium taxes (please state basis of computation)
Any other charges included taxes, fees, fire marshal's tax,
privilege tax, etc.

REGULATORY EXPERIENCE - TO BE COMPLETED BY DOMICILIARY STATE

- 1) How would you describe your overall experience with this company? (If poor, attach an explanation) ☐ GOOD ☐ FAIR ☐ POOR
- 2) Has your Office received any complaints on this company in the last year? (If yes, please indicate the total number of complaints and attach a breakdown of the complaints by type.) ☐ YES ☐ NO
- 3) In your opinion, is the management trustworthy and competent? (If no, attach an explanation.) ☐ YES ☐ NO
- 4) Is this company affiliated directly or indirectly by ownership, control, reinsurance transactions or other business relations with any person or company whose business operations have been detrimental to the policyholders or to the public? (If yes, attach an explanation) ☐ YES ☐ NO
- 5) Has your department ever taken any kind of disciplinary action against this company? (If yes, attach an explanation.) ☐ YES ☐ NO
- 6) Has the company been subject to an order of rehabilitation, supervision, conservation or liquidation within the past 10 years? ☐ YES ☐ NO
- 7) Is your department currently conducting a financial or market conduct examination of this company? (If yes, what type of examination(s) is/are being conducted?) ☐ YES ☐ NO
- 8) Has this company filed any amendments to its most recent annual statement? (If yes, please indicate the date of those amendments.) ☐ YES ☐ NO

BELOW PLEASE PRINT THE NAME, TITLE, ADDRESS AND TELEPHONE NUMBER OF THE PERSON FROM THE DOMICILIARY STATE WHO CAN PROVIDE INFORMATION REGARDING THE FINANCIAL MATTERS OF THIS COMPANY.

NAME		TITLE	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			

BELOW PLEASE PRINT THE NAME, TITLE, ADDRESS AND TELEPHONE NUMBER OF THE PERSON FROM THE DOMICILIARY STATE WHO CAN PROVIDE INFORMATION REGARDING THE MARKET CONDUCT OF THIS COMPANY.

NAME		TITLE	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			

BELOW PLEASE PRINT THE NAME, TITLE, ADDRESS AND TELEPHONE NUMBER OF THE PERSON COMPLETING THIS FORM FOR THE DOMICILIARY STATE.

NAME		TITLE	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			

Signature of Person Completing this Form	Date
--	------

State of Louisiana
James H. "Jim" Brown
Commissioner of Insurance
Baton Rouge

BOND

IN ACCORDANCE WITH TITLE 22, REVISED STATUTES OF 1950

STATE OF _____
COUNTY (PARISH) OF _____
CITY OF _____

Know All Men by These Presents, That we, _____,
as principal, and _____,
as surety, are held firmly bound unto the Commissioner of Insurance, State of Louisiana, in the full sum of:

TEN THOUSAND DOLLARS (\$10,000.00)

In current money of the United States of America, which we promise to pay him or his successors in Office, for faithful performance of which we bind ourselves by these presents for the amount of the bond thus entered into by us.

NOW, THEREFORE, if the said principal, _____,
shall make prompt payment of all claims arising and accruing to any person during the term of said bond by virtue of any fraudulent, wrongful or injurious act, misrepresentation or failure of said principal with respect to the selling or rendering of any of its services in the state of Louisiana, and shall faithfully comply with and perform all and singular the duties and obligations imposed upon it, under and by reason of the provisions of Title 22 of the Revised Statutes of the Legislature of the State of Louisiana of 1950, then this obligation shall become null and void; otherwise to remain in full force and effect until canceled by the Surety or the Principal with the consent of the Commissioner by sending written notice via certified mail of not less than ninety (90) days to the Commissioner.

In faith whereof, we have signed these presents at _____
on this _____ day of _____, 19____.

Witness' Signature

Representative of Principal's Signature

Witness' Printed Name

Representative of Principal's Printed Name

Witness' Signature

Representative of Surety's Signature

Witness' Printed Name

Representative of Surety's Printed Name

Countersigned by:

Signature of Louisiana Resident Agent

License # of Countersigning Agent

Printed Name of Louisiana Resident Agent

BOND

IN ACCORDANCE WITH TITLE 22, REVISED STATUTES OF 1950

STATE OF _____
COUNTY (PARISH) OF _____
CITY OF _____

Know All Men by These Presents, That we, _____,
as principal, and _____,
as surety, are held firmly bound unto the Commissioner of Insurance, State of Louisiana, in the full sum of:

ONE HUNDRED THOUSAND DOLLARS (\$100,000.00)

In current money of the United States of America, which we promise to pay him or his successors in Office, for faithful performance of which we bind ourselves by these presents for the amount of the bond thus entered into by us.

NOW, THEREFORE, if the said principal, _____,
shall make prompt payment of all claims arising and accruing to any person during the term of said bond by virtue of any policy or policies issued by it upon the life or person of any citizen of the State of Louisiana, or upon any property situated in said State, whenever such payment may become due, and shall faithfully comply with and perform all and singular the duties and obligations imposed upon it, under and by reason of the provisions of Title 22 of the Revised Statutes of the Legislature of the State of Louisiana of 1950, then this obligation shall become null and void; otherwise to remain in full force and effect.

In faith whereof, we have signed these presents at _____
on this _____ day of _____, 19____.

Witness' Signature

Representative of Principal's Signature

Witness' Printed Name

Representative of Principal's Printed Name

Witness' Signature

Representative of Surety's Signature

Witness' Printed Name

Representative of Surety's Printed Name

Countersigned by:

Louisiana Resident Agent



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.ldi.state.la.us>

AFFIDAVIT OF INVESTMENTS

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared

_____, President and
_____, Treasurer, of

who, after being by me duly sworn, did depose and say that at least _____% of the said company's total admitted assets are invested and maintained in qualifying Louisiana investments as provided by LRS 22:1068. And that the information represented in the attached Calculation of Investment Credit and Summary Schedule of qualifying Louisiana investments is true and correct to the best of their knowledge.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Treasurer's Signature

Witness' Printed Name

Company Treasurer's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

AFFIDAVIT OF INVESTMENTS
PAGE 1

CALCULATION OF INVESTMENT CREDIT

Total admitted assets as of _____ \$ _____

Total admitted assets invested in qualifying Louisiana investments \$ _____

Percentage of tax reduction taken (see below) _____ %

Amount of tax reduction taken \$ _____

Investment Percentage	Tax Reduction Allowed
16.6%	66.67%
20%	75.00%
25%	85.00%
33%	95.00%

A Summary of all qualifying Louisiana investments must be attached to this affidavit form.

QUALIFYING LOUISIANA INVESTMENTS

The following items are defined as "qualifying Louisiana investments" by LRS 22:1068:

- 1) Certificates of deposit issued by any bank or savings and loan association domiciled in Louisiana, or certificates of deposit issued by any limited function financial institution domiciled in this state;
- 2) Bonds of Louisiana or bonds of municipal, school, road, or levee districts, or other political subdivisions of Louisiana or bonds approved for issue by the Louisiana State Bond Commission;
- 3) Mortgages on property located in Louisiana;
- 4) Real property located in Louisiana;
- 5) Policy loans to residents of Louisiana, or other loans to residents of this state, or to corporations domiciled in this state;
- 6) Common or preferred stock in corporations domiciled in this state;
- 7) Cash on deposit in any bank or savings and loan association domiciled in this state.



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.ildi.state.la.us>

AFFIDAVIT OF IRIS STATUS

STATE OF _____
COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared

_____, President and
_____, Treasurer,
of _____

who, after being by me duly sworn, did depose and say that the information contained on the attached copy of the summary sheet received from the National Association of Insurance Commissioners regarding IRIS test results for the year _____ is true and correct to the best of their knowledge and that the company has not been placed on the NAIC list of targeted companies.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness Signature

Company Treasurer's Signature

Witness Printed Name

Company Treasurer's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.idi.state.la.us>

APPOINTMENT OF AGENT TO ACCEPT SERVICE OF PROCESS FOR LOUISIANA

KNOW ALL YE PERSONS BY THESE PRESENTS:

That the _____
of the _____ of _____ in the State of _____
now authorized or having applied for authority to transact business in the State of Louisiana, in conformity with the insurance
law thereof, does hereby make, constitute and appoint the Secretary of State of said State, or his successor in office, its true
and lawful ATTORNEY, in and for the State of Louisiana, on whom process of law, whether mesne or final, against said

_____ may be served in any action or special proceedings in the State of Louisiana, subject to and in accordance with all the
provisions and statutes and laws in said State of Louisiana, and such other acts as may be hereafter passed amendatory thereof,
and supplementary thereto. And the said Attorney is hereby duly authorized and empowered, as the Agent of said

_____ to receive and accept service of process in all cases as provided for by the said laws, and such service shall be deemed valid
personal service upon said _____

This appointment is to continue in force for the period of time and in the manner provided by the statutes of the State of
Louisiana.

IN WITNESS WHEREOF, The said _____
in accordance with the resolution of the Board of Directors duly passed on the
_____ day of _____, A.D. 19____ (a certified copy of which is hereto
attached), has to these presents affixed its Corporate Seal, and caused the same to
be subscribed and attested by its President and Secretary at the City of
_____ in the State of _____ on the
_____ day of _____, A.D. 19____.

Secretary's Signature

President's Signature

Secretary's Printed Name

President's Printed Name

APPOINTMENT OF AGENT FOR SERVICE OF PROCESS
PAGE 1



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www/ldi.idi.state.la.us>

OATH OF OFFICER

STATE OF _____

COUNTY OR PARISH OF _____

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as an officer of the _____,
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as
such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana to the best of my ability, so help me God.

Witness' Signature

Officer's Signature

Witness' Printed Name

Officer's Printed Name

Office Held

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

OATH OF OFFICER
PAGE 1



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.idi.la.us>

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF _____

COUNTY OR PARISH OF _____

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the _____,
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as
such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana to the best of my ability, so help me God.

Witness' Signature

Director's Signature

Witness' Printed Name

Director's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

STATE OF _____
COUNTY OF _____
CITY OF _____

On this _____ day of _____ A.D. 19____, before me, the subscriber, a _____
duly appointed to take the proof and acknowledgement of Deeds and other instruments came _____ President,
and _____ Secretary,
of _____
to me personally known to be the individuals described in and who executed the preceding instruments; and they each duly
acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself, depose and saith,
that they are the said officers of the _____
aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of the said _____
_____ and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument
by the authority and direction of the said _____.

Witness' Signature

Witness' Printed Name

Witness' Signature

Witness' Printed Name

Company President's Signature

Company President's Printed Name

Company Secretary's Signature

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name
My Commission Expires _____

CERTIFIED COPY of a Resolution duly passed by the Board of Directors of the _____
on the _____ day of _____, A.D. 19____.

At the meeting of the Board of Directors of the _____
held on the _____ day of _____, A.D. 19____, at the city of _____
in the State of _____ a quorum of the said Board was present and on
motion the following Resolution was duly passed by said Board:

"RESOLVED, That this _____
now authorized, or having applied for authority to transact business in the State of Louisiana, in conformity with the laws
thereof, does hereby authorize the President and Secretary, under the Corporate Seal of the

_____ to make, constitute and appoint the Secretary of State of the State of Louisiana, or his successor in office, its true and lawful
ATTORNEY, in and for the State of Louisiana, on whom all process of law, whether mesne or final, against said
_____ may be served in any action or special proceedings against said

_____ in the State of Louisiana, subject to and in accordance with all the provisions of the insurance laws of the State of Louisiana;
and the said attorney is duly authorized and empowered, as the Agent of said

_____ to receive and accept service of process in all cases as provided by the laws of the State of Louisiana, and such service shall
be deemed valid personal service upon said _____.
This appointment to continue in force for the period of time and in the manner provided by the statutes of the State of
Louisiana."

I HEREBY CERTIFY, That the above is a correct copy of the Resolution of the Directors
of _____
authorizing appointment of an Attorney for the State of Louisiana.

Company Secretary's Signature

Company Secretary's Printed Name



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.wldi.idi.state.la.us>

AFFIDAVIT OF REQUIREMENT OF AGENT AND SOLICITOR COMPLIANCE

STATE OF _____

COUNTY OR PARISH OF _____

I _____ as president of _____

do hereby certify that said insurance company shall require all of its agents or solicitors to comply with the qualification and license requirements as prescribed by the Louisiana Insurance Code.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

AFFIDAVIT OF REQUIREMENT OF
AGENT AND SOLICITOR COMPLIANCE
PAGE 1



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://wwwldi.la.state.la.us>

AFFIDAVIT OF INTENT TO COMPLY WITH UNINSURED MOTORIST STATUTES

STATE OF _____

COUNTY OF _____

I, _____ as President of _____

do hereby certify that automobile liability insurance delivered or issued for delivery by said insurance company on or after October 1, 1962 with respect to any motor vehicle registered or principally garaged in Louisiana shall be deemed to comply with the provisions of Section 1406 of the Louisiana Insurance Code unless the insured named in the policy shall have rejected the Uninsured Motorist Coverage.

Similarly, continuous automobile liability insurance policies renewed on or after the above date with respect to any motor vehicle registered or principally garaged in Louisiana shall be deemed to comply with Section 1406 of Title 22 of the Louisiana Revised Statutes unless the insured named in the policy shall have rejected the Uninsured Motorist Coverage on or after the first anniversary date of all policies now outstanding.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

STATEMENT OF INTENT TO COMPLY WITH
UNINSURED MOTORIST STATUTES
PAGE 1

STATE OF _____
COUNTY OF _____
CITY OF _____

On this _____ day of _____ A.D. 19____, before me, the subscriber, a _____
duly appointed to take the proof and acknowledgement of Deeds and other instruments came

President,
and _____ Secretary,
of _____
to me personally known to be the individuals described in and who executed the preceding instruments; and they each duly
acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself, depose and saith,
that they are the said officers of the _____
aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of the said _____

and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument
by the authority and direction of the said _____.

Witness' Signature

Witness' Printed Name

Witness' Signature

Witness' Printed Name

Company President's Signature

Company President's Printed Name

Company Secretary's Signature

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

CERTIFIED COPY of a Resolution duly passed by the Board of Directors of the _____
on the _____ day of _____, A.D. 19____.

At the meeting of the Board of Directors of the _____
held on the _____ day of _____, A.D. 19____, at the city of _____
in the State of _____ a quorum of the said Board was present and on
motion the following Resolution was duly passed by said Board:

"RESOLVED, That this _____
now authorized, or having applied for authority to transact business in the State of Louisiana, in conformity with the laws
thereof, does hereby consent to being sued in the State of Louisiana by an injured person or his or her survivors mentioned
in Revised Civil Code Article 2315, or heirs in a direct action as provided by the laws of the State of Louisiana whether or not
the policy sued upon was written or delivered in the State of Louisiana, and whether or not such policy contains a provision
forbidding such direct action, provided that the accident occurred within the State of Louisiana."

I HEREBY CERTIFY, That the above is a correct copy of the Resolution of the Directors
of _____
consenting to be sued in the State of Louisiana.

Company Secretary's Signature

Company Secretary's Printed Name



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://wwwldi.idi.state.la.us>

CONSENT TO BE SUED

Know All Ye Persons By These Presents:

That the _____
a corporation organized under the laws of _____,
domiciled at _____, State of _____
and having its principal business establishment in the City of _____
State of _____ now authorized or having applied for authority to transact business in the
State of Louisiana, in conformity with the insurance laws thereof, does, pursuant to the laws of said State, hereby make this
its written declaration:

That this said corporation does consent to its being sued in the State of Louisiana by an injured person, or his or her
survivors mentioned in Revised Civil Code Article 2315, or heirs in direct action as provided by the laws of the State of
Louisiana, particularly L.R.S. 22:655, whether or not the policy of insurance sued upon was written or delivered in the State
of Louisiana, and whether or not such policy contains a provision forbidding such direct action, provided that the accident
occurred within the State of Louisiana.

IN WITNESS WHEREOF, The said _____
in accordance with the resolution of the Board of Directors duly passed on the
_____ day of _____, A.D. 19__ (a certified copy of which is hereto
attached), has to these presents affixed its Corporate Seal, and caused the same to
be subscribed and attested by its President and Secretary at the City of
_____ in the State of _____ on
the _____ day of _____, A.D. 19__.

Secretary's Signature

President's Signature

Secretary's Printed Name

President's Printed Name

CONSENT TO BE SUED
PAGE 1



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.ildi.state.la.us>

AFFIDAVIT OF INTENT TO COMPLY WITH RATES, RULES AND REGULATIONS

STATE OF _____

COUNTY OR PARISH OF _____

I _____ as President of _____,

do hereby certify that said insurance company shall abide by the rates, except for life, health and accident insurance, rules and regulations formulated and adopted by the Commissioner of Insurance or any duly authorized state board or commission.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

AFFIDAVIT OF INTENT TO COMPLY WITH
RATES, RULES AND REGULATIONS
PAGE 1



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

**AFFIDAVIT OF ORGANIZATION
AND
INVESTMENT OF FUNDS**

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://www.idi.la.us>

STATE OF _____
COUNTY OR PARISH OF _____

We, _____,
as President and _____, as Secretary
of _____,
an insurance company organized under the laws of Louisiana, do hereby certify that said company has been duly organized
and the funds invested as required by the laws of this state and that the attached description of investments accurately reflects
the investments made by the company.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

AFFIDAVIT OF ORGANIZATION
AND INVESTMENT OF FUNDS
PAGE 1



JAMES H. "JIM" BROWN
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

P.O. Box 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (504) 342-5900
FAX (504) 342-3078
<http://wwwldi.idi.state.la.us>

AUTHORIZATION FOR RELEASE OF INFORMATION

KNOW ALL YE PERSONS BY THESE PRESENTS:

That the _____
organized under the laws of _____
now transacting business or having applied to transact business in the State of Louisiana does hereby authorize the government
of _____,
or any political subdivision thereof, to release any and all information which they may have in their possession regarding the
organization, structure, ownership, management and financial condition of said

to the Louisiana Department of Insurance. This authorization shall remain in force until such time as said

has withdrawn from doing business in the State of Louisiana.

IN WITNESS WHEREOF, The said _____
in accordance with the resolution of the Board of Directors or other governing body
duly passed on the ____ day of _____, A.D. 19__ (a certified copy
of which is hereto attached), has to these presents affixed its Corporate Seal, and
caused the same to be subscribed and attested by its President and Secretary at the
City of _____ in the Country of _____
on the _____ day of _____, A.D. 19__.

Secretary's Signature

President's Signature

Secretary's Printed Name

President's Printed Name

AUTHORIZATION FOR RELEASE OF INFORMATION
PAGE 1

COUNTRY OF _____
STATE, PROVIDENCE OR COUNTY OF _____
CITY OF _____

On this _____ day of _____ A.D. 19____, before me, the subscriber, a _____
duly appointed to take the proof and acknowledgement of Deeds and other instruments came

_____ President,
and _____ Secretary,
of _____

to me personally known to be the individuals described in and who executed the preceding instruments; and they each duly
acknowledged the execution of the same; and being by me each duly sworn, severally, and each for himself, depose and saith,
that they are the said officers of the _____
aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of the said

_____ and that the said Corporate Seal and their signatures as such officers were duly affixed and subscribed to the said instrument
by the authority and direction of the said _____.

Witness' Signature

Witness' Printed Name

Witness' Signature

Witness' Printed Name

Company President's Signature

Company President's Printed Name

Company Secretary's Signature

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____

CERTIFIED COPY of a Resolution duly passed by the Board of Directors or other governing body of the

on the _____ day of _____, A.D. 19____.

At the meeting of the Board of Directors or other governing body of the _____
held on the _____ day of _____, A.D. 19____, at the city of _____
in the country of _____ a quorum of the said Board was present and on
motion the following Resolution was duly passed by said Board:

"RESOLVED, That this _____
now transacting business, or having applied to transact business in the State of Louisiana, does hereby authorize the
government of _____
or any political subdivision thereof, to release any and all information which it may have in its possession regarding the
organization, structure, ownership, management and financial condition of said
_____ to the Louisiana Department of Insurance. This authorization shall remain in force until such time as said
_____ has withdrawn from doing business in the State of Louisiana."

I HEREBY CERTIFY, That the above is a correct copy of the Resolution of the Directors
of _____
authorizing release of information to the State of Louisiana.

Company Secretary's Signature

Company Secretary's Printed Name